

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/554,315
	Filing Date	October 24, 2005
	First Named Inventor	Shin-Jen Shiao
	Title	Composition comprising an edible acid or...
	Art Unit	1614
	Examiner Name	THOMAS, TIMOTHY P
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
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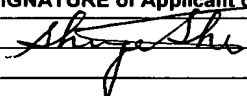
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shin-Jen SHIAO		
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I am the:

☒ Applicant/Inventor.
OR
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	August 10, 2010
Name	Shin-Jen Shiao	Telephone	886-3-571-3743
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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